

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081476

Entity Name: COMPASS LAND & TITLE, LLC

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

601 BAYSHORE BLVD
SUITE 840
TAMPA, FL 33606

New Principal Place of Business:

1509 W. SWANN AVE
SUITE 240A
TAMPA, FL 33606

Current Mailing Address:

601 BAYSHORE BLVD
SUITE 840
TAMPA, FL 33606

New Mailing Address:

1509 W. SWANN AVE
SUITE 240A
TAMPA, FL 33606

FEI Number: 03-0567851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOST, PHILLIP B
601 BAYSHORE BLVD
SUITE 840
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

YOST, PHILLIP B
1509 W. SWANN AVE
SUITE 240A
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHILLIP B. YOST

01/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOST AND ASSOCIATES., LLC
Address: 722 LIVE OAK TERRACE N.E.
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM () Delete
Name: DEYOUNG, TOBYN
Address: 601 BAYSHORE BLVD SUITE 840
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIP B. YOST,
Address: 1509 W. SWANN AVE SUITE 240A
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILLIP B. YOST

MGR

01/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date